

# State Substance Abuse Treatment Efforts

Second Follow-up Report  
March 2008

Office of Performance Evaluations  
Idaho Legislature



Report 08-02F

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Rakesh Mohan, Director  
Office of Performance Evaluations

### **Acknowledgments**

We appreciate the cooperation and assistance we received from the Department of Health and Welfare, the Department of Correction, the Department of Juvenile Corrections, the State Judiciary, Legislative Budget and Policy Analysis, and the Office of Drug Policy.

Carrie Parrish and Maureen Shea of the Office of Performance Evaluations conducted this follow-up review, and Dr. Kathleen Sullivan, consultant, performed the quality control review.

# State Substance Abuse Treatment Efforts

## *Second Follow-up Report*

*In December 2005, we released a report on the state's efforts to treat substance abuse and provided 16 recommendations to improve those efforts. Our follow-up review in July 2007 found that the Legislature, agencies, and the State Judiciary had fully implemented seven recommendations and were working on the remaining nine. This report focuses on the significant efforts made to implement the last nine recommendations.*

### **Background**

In our 2005 evaluation of the efforts of state entities to individually and collectively treat substance abuse, we found that Idaho's treatment efforts were fragmented. We made recommendations to improve data collection and fiscal management and strengthen interagency coordination.

The state has four entities that provide substance abuse treatment services: the Department of Health and Welfare, the Department of Correction, the Department of Juvenile Corrections, and the State Judiciary. In 2006, the Legislature established the Office of Drug Policy and the Interagency Committee on Substance Abuse Treatment to coordinate and direct all relevant entities involved in treatment efforts.

### **Current Status**

Since our original report, agencies and the State Judiciary have made much progress to improve Idaho's substance abuse treatment system and implement our recommendations. The Office of Drug Policy, the departments of Health and Welfare, Correction, Juvenile Corrections, and the State Judiciary have provided progress reports of their efforts (see appendix A). Our assessment of individual and collective implementation efforts is in the following sections.

## ***Interagency System Coordination***

*Recommendation 3.1.a: The Legislature should consider establishing an independent commission, jointly appointed by the Legislature and the Governor, to include directors of state agencies involved with efforts to address substance abuse—Health and Welfare, Correction, Juvenile Corrections, Law Enforcement, and Education—as well as representation from the Judiciary. The commission should also include members of the Legislature, professional community, relevant local government associations, and the public.*

The Interagency Committee on Substance Abuse has accomplished a tremendous amount over the past year. By bringing key stakeholders to the same table, the committee has created better working relationships, communication, and cooperation between multiple state entities. This major systemic change in treating substance abuse includes all three branches of government, private providers, and city and county governments.

In the six months since our first follow-up review, the Interagency Committee has made several improvements to the treatment system:

- Trained 487 people on the statewide common assessment tool, Global Appraisal of Individual Needs (GAIN)
- Developed a five year strategic plan to guide and promote implementation of the Idaho Substance Use Disorder Prevention and Treatment System
- Coordinated the development of a new management services contract request for proposals to administer substance abuse treatment from June 2008 through May 2010
- Prepared a statewide, multi-agency strategic budget for substance abuse treatment

Given the achievements of the committee in its second year, members told us they hope to transition the objectives of the Office of Drug Policy and the committee to the development of comprehensive policies. This transition will more closely align the office and the committee with the legislative intent of “coordinating and directing efforts of all state entities that use public funds for efforts to address substance abuse.”<sup>1</sup>

**Status:** As discussed in our 2007 follow-up report, this recommendation has been **implemented**.

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<sup>1</sup> IDAHO CODE § 39-303.

Recommendation 3.1.b: *The Legislature should consider addressing those parts of existing statute requiring a commission on alcohol and drug abuse to be consistent with step A of this recommendation.*

**Status:** As discussed in our 2007 follow-up report, this recommendation has been **implemented**.

## ***Health and Welfare Program Management***

### **Oversight**

Recommendation 4.1.a: *The Department of Health and Welfare should monitor its management services contract by periodically reviewing the contractor's performance against the measures identified in the contract.*

**Status:** As discussed in our 2007 follow-up report, this recommendation has been **implemented**.

Recommendation 4.1.b: *The Department of Health and Welfare should conduct independent audits of a sample of treatment providers at appropriate intervals.*

Prior to our 2005 evaluation, Health and Welfare had not conducted independent audits of treatment providers. At the time of our 2007 follow-up review, the department had audited several treatment providers, but had not met its goal of auditing a provider each time the provider's contract was up for renewal. However, our review this year finds the department is now meeting its goal.<sup>2</sup>

In January 2008, Health and Welfare contracted with the University of Nevada, Center for Application of Substance Abuse Technologies, to take over the task of certifying and auditing providers. The department anticipates it will completely transfer the task to the center by the end of this fiscal year (see recommendation 6.1.a).

**Status:** This recommendation has been **implemented**.

Recommendation 4.1.c: *The Department of Health and Welfare should notify the management services contractor of current provider approvals and expirations on a monthly basis, and verify the use of approved providers during its independent auditing of the contractor.*

**Status:** As discussed in our 2007 follow-up report, this recommendation has been **implemented**.

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<sup>2</sup> We reviewed files for all 114 current private providers who are certified through the Department of Health and Welfare.

## Fiscal Management

*Recommendation 4.2.a: The Department of Health and Welfare should strengthen its fiscal management of the program by ensuring that program staff have the necessary fiscal training and information to adequately monitor and understand the program's financial situation.*

In our 2007 follow-up review, Health and Welfare told us it was planning to address this recommendation by having its federal block grant administrator provide fiscal training for staff in the fall 2007.<sup>3</sup> The department now reports that this training has not taken place due to budget limitations of the federal block grant administrator. Currently, the department has no plans in place to provide fiscal training for staff.

Through its work as a member of the Interagency Committee, the department has improved the collection and reporting of its fiscal management data. However, we find the department continues to have difficulty matching its fixed funding allocation to fluid treatment demands. Since our last follow-up review, the department is taking two steps to correct this problem: (1) establishing monthly spending targets for the management services contractor, and (2) conducting bi-monthly reviews of patients currently in treatment.<sup>4</sup>

**Status:** The implementation of this recommendation is **in process** until the department provides evidence that it can spend within its original budget for fiscal year 2009. We suggest the department and the Interagency Committee on Substance Abuse continue developing methods for addressing the complex budgeting circumstances of substance abuse treatment and collectively monitor the implementation of those solutions.

*Recommendation 4.2.b: The Department of Health and Welfare should require contract language in the management services contract that limits the length of time providers have to submit billings to the contractor.*

**Status:** As discussed in our 2007 follow-up report, this recommendation has been **implemented**.

## Grant Management

*Recommendation 4.3: The Department of Health and Welfare should work with the Substance Abuse and Mental Health Services Administration of the US Department of Health and Human Services to ensure substance abuse services are provided in a manner consistent with the grant requirements and intent.*

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<sup>3</sup> The department's federal block grant is administered by the Substance Abuse and Mental Health Services Administration.

<sup>4</sup> The management services contractor oversees program administration of the department's substance abuse block grants.

**Status:** As discussed in our 2007 follow-up report, this recommendation has been **implemented**.

## **Substance Abuse Treatment Data**

### **Data Collection & Systems**

Recommendation 5.1: *The Department of Health and Welfare, the Department of Correction, the Department of Juvenile Corrections, and the Judiciary should work individually and collectively with relevant entities to ensure the collection and analysis of the following information about their programs:*

- a. Individuals served in each type of program and waiting for services*
- b. Individuals not served or not provided the appropriate type of treatment*
- c. Completion, dropout, and relapse rates overall and by provider*
- d. Average length of stay in each type of program overall and by provider*

The Office of Drug Policy and the Interagency Committee on Substance Abuse have continued their involvement in collecting accurate data that demonstrates Idaho's substance abuse treatment needs. The committee receives monthly data reports from the agencies and the Judiciary detailing expenditures and treatment outcomes (see exhibit 1).

The Office of Drug Policy, the Interagency Committee, the agencies, and the Judiciary continue to update and improve their data collection systems. Since our 2007 follow-up review, data system improvements include the following:

- The Office of Drug Policy and the Interagency Committee on Substance Abuse selected the Web Infrastructure for Treatment Services (WITS) to collect and track substance abuse treatment data and outcomes. WITS will house all assessment data collected through the Global Appraisal of Individual Needs (GAIN). WITS also allows for the sharing of information across multiple state agencies.
- The Division of Behavioral Health within the Department of Health and Welfare is in the process of selecting a new data system that will serve the needs of each of its programs, and it is strongly considering selecting WITS.<sup>5</sup> If its budget request is approved by the Legislature this year, the department could implement a new system by April 2009.
- The Department of Correction is continuing to implement the Correctional Integrated System (CIS), which combines three data systems into one. As noted in our 2007 follow-up report, full implementation will take another year.

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<sup>5</sup> The Division of Behavioral Health includes the Children's and Adult Mental Health programs and Substance Abuse Services. It also administers the state's two mental health hospitals.

## Exhibit 1: Types of Data Collected by Substance Abuse Treatment Entities for the Interagency Committee on Substance Abuse, Fiscal Year 2008

### Expenditure Data Collected<sup>a</sup>

Direct expenditures	Case count (unduplicated)
Administrative expenditures	Direct cost per case
Cash expended to date	Administrative cost per case

### Outcome Data Collected<sup>b</sup>

Individuals who complete treatment	Number reentering correctional services
Reasons for not completing treatment	Number of individuals tested for drugs
Current treatment demand	Number of individuals testing positive for drugs
Current provider capacity	Drug court graduates
Cost to treat demand	Drug court participants
Cost to treat capacity	Drug-free babies
Number reentering treatment services	

<sup>a</sup> In most cases, expenditure data is collected by treatment type, support services, and dental services.

<sup>b</sup> Average length of stay and number of individuals waiting for services are tracked where applicable, but not captured in the expenditure and outcome summary.

Source: Idaho Office of Drug Policy, *Substance Abuse Expenditure and Outcome Summary*

- The Department of Juvenile Corrections is collaborating with the Idaho Supreme Court to add a new function to the Idaho Statewide Trial Court Automated Record System (ISTARS). This function will automate the process of tracking juveniles in and out of the Juvenile Corrections system. Juvenile Corrections expects to implement the tool in spring or early summer 2008. Juvenile Corrections also made modifications to the Idaho Juvenile Offender System in an effort to improve data collection. The offender system is compatible with WITS and is able to incorporate data from the Office of Drug Policy, as needed.
- The State Judiciary has the first of two phases currently underway for updates to the ISTARS Drug Court module. These changes are intended to enhance the ability of drug courts to use ISTARS for operations, evaluations, and efficient tracking of drug court participants.

**Status:** This recommendation has been **implemented**.

## Health and Welfare Data

*Recommendation 5.2.a: The Department of Health and Welfare should work with the management services contractor to accurately transfer data from the contractor to Health and Welfare's independent data system and use the information to verify contractor performance.*

Health and Welfare continues to struggle with the accurate transfer of data between itself and the management services contractor. Currently, the department is reloading all data from the management services contractor in an effort to improve the quality of data transfers. However, department staff acknowledge that this reload is a short-term fix. The department has plans for more permanent solutions: (1) implement a new data system (see recommendation 5.1), and (2) require that the new management services contractor have a data system compatible with the department's system.

**Status:** The implementation of this recommendation is **in process**.

*Recommendation 5.2.b: The Department of Health and Welfare should negotiate a change to the management services contract that would require the contractor to routinely (every 30–60 days) require providers to indicate which clients are actively participating in treatment and which have completed or discontinued treatment.*

Health and Welfare has developed a plan to improve the tracking of client retention in substance abuse treatment services. This plan stipulates that the management services contractor send an inactive client report to providers each month.<sup>6</sup> Providers must discharge inactive clients or indicate that the client is still participating in treatment. The plan has been incorporated into the management services contract.

**Status:** This recommendation has been **implemented**.

*Recommendation 5.2.c: The Department of Health and Welfare should complete the process of requesting capacity information from providers in the state network and comply with the federal regulation to track facilities as and when it reaches 90 percent capacity.*

Our 2005 evaluation found that available funding was a greater determinant of capacity than the availability of beds or provider counseling hours.<sup>7</sup> This is still true today for outpatient services. Due to funding limitations, the department

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<sup>6</sup> Inactive clients are those for whom no services have been provided in the last 60 days.

<sup>7</sup> The Department of Health and Welfare defines treatment capacity in two ways. Residential treatment capacity is measured by the number of beds available for state-funded services. Outpatient treatment capacity is measured by the number of counseling hours a provider has available for state-funded patients.

said that outpatient services were often unavailable to clients who needed them. Therefore, the department does not track outpatient capacity.

Currently, inpatient treatment capacity is limited by the number of available beds in residential treatment centers. The department monitors this capacity issue on a monthly basis.

Federal regulations call on the department to reasonably implement a system of monitoring provider capacity. The federal block grant administrator was unable to confirm if the department is in compliance with this regulation. Based on our interpretation of federal regulations and the last federal audit of the department conducted in 2006, we find the department to be in compliance with federal provider capacity regulations.

**Status:** This recommendation has been **implemented**; however, we recommend that the department consider formulating a plan for monitoring outpatient capacity should funding ever rise to meet the demand for services.

### ***Quality of Substance Abuse Treatment***

#### **Treatment Providers**

*Recommendation 6.1.a: The Department of Health and Welfare should develop criteria for the approval process of providers offering treatment to adults. The criteria should include a more detailed description of levels of compliance that constitute approval, provisional approval, and failure to be approved.*

During our 2007 follow-up review, the department was in the process of signing a contract with the University of Nevada, Center for Application of Substance Abuse Technologies. Under this contract, the center is to develop a provider certification process and train department staff on the process. The department has experienced some delays in starting the contract, but provided us with a copy of the signed contract indicating a start date of January 2008.

**Status:** The implementation of this recommendation is **in process**.

*Recommendation 6.1.b: The Department of Health and Welfare should make recommendations to germane legislative committees on rule or statutory changes to strengthen treatment provider credentialing requirements for the statewide system in coordination with the proposed substance abuse commission.*

At the time of our 2007 follow-up review, Health and Welfare had anticipated its contract with the University of Nevada, Center for Application of Substance Abuse Technologies, would include a regulatory change component. However, that component was not included in the final contract. The department said it has identified a group of staff to develop rules for the 2009 legislative session, but

the department has not provided us with specific language for rule changes to provider credentialing requirements.

**Status:** This recommendation has **not been implemented**.

### Client Retention

*Recommendation 6.2: Using Government Performance and Results Act interviews and other information, the Department of Health and Welfare should develop a plan to increase client retention in treatment.*

**Status:** As discussed in our 2007 follow-up report, this recommendation has been **implemented**.

### Documenting Program Efforts

*Recommendation 6.3: The Department of Health and Welfare, the Department of Correction, the Department of Juvenile Corrections, and the State Judiciary should continue or begin to take measurable steps to gather, verify, and publish relevant information on the effectiveness of substance abuse programs.*

The agencies and the Judiciary continue to take steps to document the effectiveness of their programs to assist in future substance abuse treatment decisions:

- The departments of Health and Welfare, Correction, and Juvenile Corrections are now able to share data with each other. This sharing will help the departments determine if clients who completed treatment by Health and Welfare have re-entered the criminal justice system.
- The Department of Correction is in the second year of a two-year study examining the effectiveness of the Therapeutic Community program and the Cognitive Self-Change program, each with a substance abuse treatment component.<sup>8</sup>
- The Department of Juvenile Corrections will measure recidivism in a study for spring 2008.<sup>9</sup> The study will use recidivism rates for each facility to measure the effectiveness of its programs.

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<sup>8</sup> Therapeutic Community is a treatment program for incarcerated offenders with substance abuse issues. Cognitive Self-Change is designed to change the thinking patterns of offenders to reduce negative behavior.

<sup>9</sup> Juvenile Corrections defines recidivism as the act of being adjudicated or convicted of a new felony or misdemeanor.

- The State Judiciary recently completed an outcome evaluation that compared recidivism rates for offenders participating in Driving Under the Influence (DUI) court and Misdemeanor/DUI court with a comparison group that chose not to participate in either court.<sup>10</sup>

The Office of Drug Policy and the Interagency Committee have now collected a full year of baseline data for fiscal year 2007. The office and the committee's next challenge is to comprehensively use the data to monitor trends in outcomes and efficiency of substance abuse treatment efforts. The Office of Drug Policy, citing a lack of current resources, has expressed the need for an independent agency to conduct data analysis and evaluation to measure the effectiveness of substance abuse treatment programs.

**Status:** Because of the involvement of each entity and the commitment of the Office of Drug Policy and the Interagency Committee on Substance Abuse to continue collecting and using treatment outcome data to monitor progress, this recommendation has been **implemented**.

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<sup>10</sup> A DUI court focuses primarily on altering the behavior of alcohol and/or drug dependent offenders arrested for driving while impaired. Misdemeanor/DUI courts are similar to DUI courts, but their eligibility criteria are broader, as these courts also admit offenders with misdemeanor charges. The Judiciary defines recidivism as any felony or misdemeanor court filing charge resulting in a disposition of guilty that had an issue date at least 60 days post intake/action date.

*Appendix A*

# **Updates of Implementation Efforts**



**C.L. "Butch" Otter**  
*Governor*  
**Debbie Field**  
*Director*



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**State of Idaho**  
**Office of Drug Policy**  
Executive Office of the Governor

January 24, 2008

Dear JLOC Committee Members:

Thank you for the opportunity to provide a letter highlighting the work and partnership between the Office of Drug Policy and the Interagency Committee on Substance Abuse, Prevention and Treatment (ICSA).

It has been an honor to work with all three branches of government with additional insight from private providers, including city and county governments. ICSA members have a better understanding of the delivery of Idaho's substance use disorder services and the needs of a state infrastructure. Idaho has launched one of the most aggressive agendas in the nation---we've been about dramatic and systemic change.

Although we are at the beginning of this new intergovernmental collaboration, we have seen remarkable change in direction. Idaho is the first state in the nation to have a common assessment in which to determine the level of care for those with substance abuse disorders. We have combined efforts to provide trainings throughout the state by forming a unique partnership with the Courts, Department of Health and Welfare, Department of Juvenile Corrections and the Association of Idaho Counties. In addition, the committee adopted a new web information system (WITS) to track data and outcomes allowing one stop shopping for creating a unique client ID to be used for services statewide, sharing information across multiple agencies.

ICSA will continue to look for efficiencies, hold one another accountable for decisions made and monitor programs to provide the Governor and policymakers with valid reports in which to make financial decisions.

Once again, thank you for the opportunity to provide this brief overview of this new process.

Respectfully,

**Debbie Field**  
Debbie Field, Director  
Idaho Office of Drug Policy



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

C.L. "BUTCH" OTTER - GOVERNOR  
RICHARD M. ARMSTRONG - DIRECTOR

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November 29, 2007

Rakesh Mohan, Director  
Office of Performance Evaluation  
P.O. Box 83720  
Boise, ID 83720-0055

Dear Director Mohan:

Thank you for providing the draft follow-up report to the 2006 Office of Performance Evaluations report, *Management in the Department of Health and Welfare*. We appreciate the opportunity to review the document prior to its release by the Joint Legislative Oversight Committee.

We are pleased to see significant, measurable progress has been made since the original report came out. With this information, we can refine our approach and focus on some unique work units where staff have not responded well. We intend to utilize survey tools and focus groups to gain insight about their low response rates and dissatisfaction.

As you know, the process never ends, but I feel we have the managers in place with the right attitudes and skills to keep raising employee satisfaction while simultaneously raising customer service performance. After all, it is the quality of the service we deliver that is valued by the public.

It has been a pleasure working with you and your staff on this activity.

Sincerely,



RICHARD M. ARMSTRONG  
Director

RMA/eb

cc: Richard Roberge, M.D.  
Sara Stover  
Amy Castro



# IDAHO DEPARTMENT OF HEALTH & WELFARE

C.L. 'BUTCH' OTTER – Governor  
RICHARD M. ARMSTRONG – Director

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## **Request Response Matrix State Substance Abuse Treatment Efforts: 2<sup>nd</sup> Follow-Up Health and Welfare Response 12/21/2007**

Following is the Health and Welfare response to the OPE follow-up issues as noted in the OPE letter to Director Armstrong dated December 7, 2007:

### **4.1b. Conduct independent audits of a sample of treatment providers**

Independent audits of the treatment providers are conducted by the Department on one hundred percent (100%) of the treatment providers over a course of the provider approval process. The audits occur at intervals of six (6) months and every two (2) years thereafter. These numbers are fluid because there are providers that are approved or dropped from the provider pool on any given day. The approval of treatment providers is not limited to those providers that are contracted with the management services contractor, approval is extended beyond the providers who opt to enter into a contract to provide services for publicly funded reimbursement. Another contributor to the fluidity in numbers is that programs are approved on an irregular basis which is based on the provider application. It does not result in an evenly distributed number of audits in any given year. The Department must accept the applications as they are presented. This results in renewals that don't evenly rotate within a year's span.

The Department conducts independent audits of treatment providers as a part of the program approval process. For new programs, the initial program approval process consists of an in-depth review of the applicant's policies and procedures to ensure they align with the IDAPA 16.06.03 – Alcohol and Drug Abuse Prevention and Treatment Programs standards. Additionally a verification of the required documents such as Disclosure of ownership, current certificates, permits, or licenses which includes Certificate of occupancy, Certificate of fire inspection, Food service permit (when applicable), Child care facility license (when applicable), Written plan for inventory of treatments, Lease agreement, and verification of insurance. Upon satisfaction of the above, a site visit is conducted and when appropriate a Provisional Certificate of Approval is issued which is valid for a period of six (6) months. At the end of the provisional period another site visit is conducted to ensure that the provider is on track and to offer technical assistance. Based on the satisfactory completion of this site visit a Certificate of Approval is issued for a period of two (2) years.

The Department conducts independent audits of existing treatment providers on a rotation of every two (2) years. This process consists of an in-depth review of the application and supporting documentation that is submitted by the provider in accordance to the IDAPA standards. A site visit is conducted for every provider based on a two (2) year rotation contingent upon the date of their previous approval. The site visit consists of a site visit to every site when the provider has multiple locations, but at an absolute minimum every main treatment site is visited.

The only exceptions to the on site independent audit process is an Out-Of-State Program in which according to the IDAPA standards acceptance of the approval and certification by the state in which the treatment program resides is accepted. In the case a program has certification from the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the Department accepts that verification.

Since July 1, 2007, nine (9) providers were scheduled for re-issuance of their facility approval and thus needed to be audited. All nine were audited. The providers included in the audit are:

1. Salmon Mental Health
2. Powder Basin – Sandpoint
3. Family Services Center – Caldwell
4. Brannon and Brannon – Rexburg
5. Road to Recovery
6. Positive Connections
7. Port of Hope Coeur d'Alene
8. Road to Recovery – Discovery House II
9. Walker Center

In addition, Division of Behavioral Health clinicians have participated in the clinical chart audit of all providers with BPA. Audits were completed on December 14, 2007 with results to be ready by 1/15/2008.

#### **4.2a Strengthen fiscal management of program**

The Substance Abuse and Mental Health Services Administration (SAMHSA) has not provided the announced financial training as of this date and we do not anticipate this training will take place based on the limited technical assistance budget within SAMHSA. In lieu of this training, the Substance Use Disorders Bureau has worked closely with our assigned financial analyst, Isaac Kimball, to assure the budget is adhered to and that funding will be consistent for the entire 12 months of the fiscal year. In addition, the Bureau Chief has worked closely with the Interagency Committee on Substance Abuse Prevention and Treatment (ICSA) to develop a forecasting spreadsheet based on identified need and utilization numbers. A copy of the report is attached as exhibit A.

#### **5.1 Ensure collection and analysis of identified data information**

- Data system update: The Department has proposed a Decision Unit for the purchase of a new integrated data system for both the Substance Use Disorder and the Mental Health Bureaus. The Division of Behavioral Health has initiated a process to review proposed data systems to evaluate their suitability for the intended use. The Office of Drug Policy is purchasing one (1) component of the WITS system to make sharing of data possible across systems as the state implements the common substance use disorder assessment tool – GAIN
- Data collection and ICSA: The Department provides data each month to ICSA utilizing a standard data and budget form. A copy of the latest spreadsheet is attached. In addition to this report, ICSA members receive a census management report and an outcomes report all of which are attached to this response as Exhibit B.

#### **5.2 Accurately Transfer Data from BPA to Health and Welfare**

At present BPA is holding all data as Health and Welfare makes changes to our data system pursuant to the needs of our Federal partner – SAMHSA. This "data fix" was initially held up do to budget constraints within the Substance Use Disorder Bureau. We anticipate we will be able to begin receiving data again from BPA by February 1, 2008.

#### **5.2b Active, Completed and Discontinued Provider Report**

Example attached as Exhibit C.

#### **5.2c System Capacity Report**

December 3, 2007 Capacity Report attached as Exhibit D

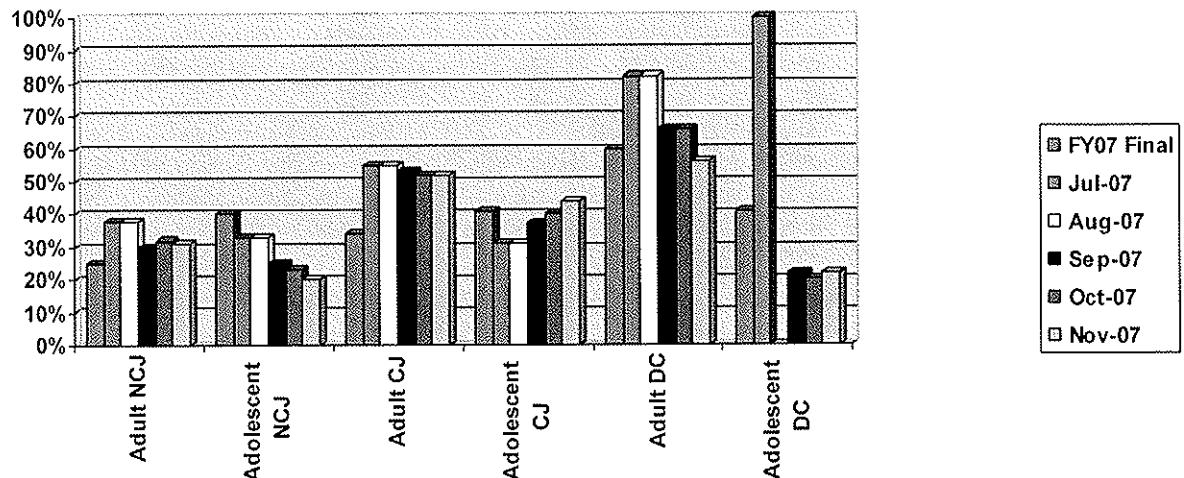
#### **6.1 University of Nevada Contract**

Contract negotiations with the University of Nevada have been completed and the contract is at the University's Grants Management office to be signed. Attached, as Exhibit E, is an unsigned copy of the contract which includes performance metrics and timelines for products to be produced.

## 6.2 Client Retention Plan

Since the inception of the Client Retention Plan, the State has seen an overall increase in client retention. Due to the rate for adolescents, we are, in coordination with ICSA, putting a sub-committee together to identify ways to increase the retention of our adolescents and increase the non-criminal justice adult completion rate. The graph below shows our progress to date broken into the States priority populations as identified by ICSA:

Of those who discharged from Treatment – percent of persons either completing treatment successfully or transferring to another level of care



Note: The Adolescent Drug Court discharge numbers are very small which results in a skewing of the data for each month of SFY08.

NCJ – Non-Criminal Justice

CJ – Criminal Justice

DC – Drug Court

## 6.3 Effectiveness of Substance Abuse Programs

As noted above, on a monthly basis we look at client retention in treatment as a part of the overall effectiveness of the substance use disorder program. In addition, we are currently working with the Health and Welfare Internal Review Board (IRB) to share data with the Idaho Department of Correction and the Idaho Department of Juvenile Corrections so we can match the clients we have treated with any further involvement with DOC or IDJC after they have completed an episode of treatment. We also gather data on the number of episodes of treatment our clients receive. Through this data we know for SFY2007 67% of our clients were first time clients, 24% were receiving their second treatment episode, 7% were on their third treatment episode and 2% had received four or more treatment episodes.



# IDAHO DEPARTMENT OF CORRECTION

*"Protecting You and Your Community"*

C. L. "BUTCH" OTTER  
Governor

BRENT D. REINKE  
Director

RECEIVED  
DEC 26 2007  
PERFORMANCE EVALUATIONS

December 20, 2007

Raskesh Mohan, Director  
Office of Performance Evaluation  
700 W State Street Suite 10  
Boise, Idaho 83720-0055

Dear Mr. Mohan:

The following is the requested information regarding the ongoing efforts of the Idaho Department of Correction and its role in providing substance abuse services to at risk populations in Idaho communities. As per your direction, the response is focused on recommendations 5.1, 6.3, and the ongoing collaboration of the Interagency Committee on Substance Abuse (ICSA).

*5.1 To have necessary data for managing substance abuse programs, the DHW, IDOC, IDJC, and the Judicial Branch should work individually and collectively with relevant entities, to ensure the collection and analysis of the following information about their programs:*

- A. Individuals served in each type of program and waiting services*
- B. Individuals not served, or not provided the appropriate type of treatment*
- C. Completion, dropout, and relapse rates, overall and by provider*
- D. Average length of stay in each type of program, overall and by provider*

The department provides an annual assessment of four core education and treatment deliverables delivered in IDOC institutions. The attached report for fiscal year 2007 contains the annual analysis of Therapeutic Community and New Directions programs for riders. The two programs are the IDOC's cornerstone programs in addressing significantly assessed substance abuse disorders. Additionally, the report reviews the impact of GED and vocational education on the offender population and its impact on recidivism rates for those who complete and those who do not.

With regards to the four primary components of 5.1, the department captures for institutional services most of the information and you will find it in the attached report. The items not included, but captured will be added to revised reporting for the fiscal year 2008. The one area concerning relapse rates in a correctional setting is rare in its occurrence and currently is not tracked for incarcerated offenders. The department expends considerable efforts to ensure illicit contraband does not find its way into its institutions.

In the community setting, the IDOC provides limited contract services due to resources for substance abuse disorders. The department refers most of its qualified offenders to Idaho Department of Health and Welfare's management services contractor, BPA for treatment. The contractor provides substantial data regarding those served. For those clients not qualified assistance, but still deserving financial assistance or placed on waiting lists, the IDOC provides referrals to qualified substance abuse providers on a case base case basis. Due to current contract

language and staffing resources, the data collection for community based contract services is limited. The IDOC, as part of its new comprehensive RFP for contract services to include substance abuse services will include a detailed data collection plan for private providers to adhere to that will be inline with the recommendations of the OPE report. The RFP will be in place July 2008.

The evolution of ICSA and the ongoing collaboration of all state, local, and private agencies as part of this consortium has witnessed unprecedented change. In the last several months the Office of Drug Policy, in collaboration with ICSA members, has selected and is in the final stages of implementing a unified assessment tool known as GAIN. The tool will allow for the sharing of identical information across all sectors that provide substance abuse services in the state of Idaho. Additionally, the Office of Drug Policy, in collaboration with ICSA members, will implement a unified client server system, known as WITS, will provide detailed client information regarding demographics, screening, assessments, and treatment.

*6.3 The IDHW, IDOC, IDJC, and Judicial Branch should continue or begin to take measurable steps to gather, verify, and publish relevant information on the effectiveness of substance abuse programs.*

The IDOC will continue to present an annual programs report, which is attached. The department will review and expand reporting to other programs in the substance abuse area as well as other core programs that address offender needs and prepare these men women for reentry and prolonged stability in Idaho communities

Additionally, the IDOC is in the final year of a two-year longitudinal study of the effectiveness of Therapeutic Community, GED, and CSC. The study is tracking an offender cohort of approximately 1200. The study will provide comparative recidivism rates for the participating offender cohort.

The pursuit of comprehensive research projects that provide valuable insight to effectiveness is not an inexpensive pursuit. The IDOC, with limited resources, will continue to foster and develop methods both from its internal resources in evaluation and compliance, and relationships with external partners within ICSA and local universities.

### *Collaboration and function of the ICSA*

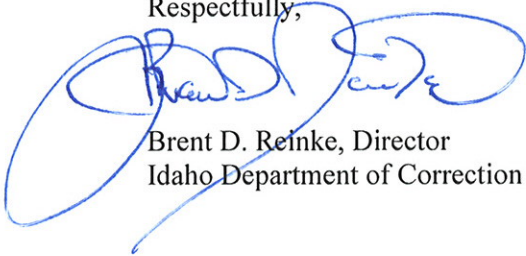
The coordinated efforts of the Office of Drug Policy in conjunction with ICSA members with IDOC as an integral partner has seen for the first time in any state the realization of a comprehensive and coordinated effort to address substance abuse disorders from prevention to effective correctional interventions. The following is just a highlight of the accomplishments of this tremendous effort:

- Selection of a single assessment protocol-GAIN
- Final stages of training and implementation of the GAIN tool statewide
- The development and release of a comprehensive and collaborative RFP for a management services contractor as the primary hub for the delivery of substance abuse services for the State of Idaho
- Development of a comprehensive strategic plan for ICSA and its partners for the next 5 years
- Selection, development, and implementation of a statewide web-based client server system-WITS

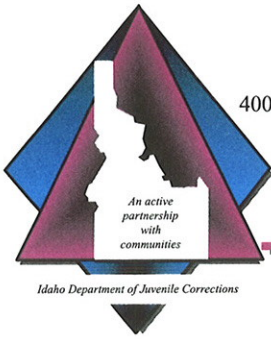
- Formalized information and communication processes among all ICSA partners and private providers
- Developing formalized data management protocols with a central manager at Office of Drug Policy

I hope the preceding discussion provides insight to the department's efforts to address and enhance the identified areas. Please do not hesitate to contact our agency for any additionally information your agency may require in meeting its current mandate.

Respectfully,

A handwritten signature in blue ink, appearing to read "Brent D. Reinke", is written over the typed name and title.

Brent D. Reinke, Director  
Idaho Department of Correction



# Idaho Department of Juvenile Corrections

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C.L. "BUTCH" OTTER  
Governor

LARRY W. CALLICUTT  
Director

December 20, 2007

Rakesh Mohan, Director  
Office of Performance Evaluations  
Idaho Legislature  
700 West State Street, Suite 10  
Boise ID 83720-0055

Dear Mr. Mohan:

Both alcohol and drug abuse are significant issues with juveniles in the custody of this Department. As of December 12, 2007, 70.4 percent of juveniles in our custody were identified upon observation and assessment as having drug and alcohol as a problem area, either dependent or abuse.

While not the Department's main focus, the Department provides substance use disorder education and treatment services through our programs with both contract providers and state facilities to all juveniles in our custody. At a minimum, all placements provide substance use disorder education services, and full treatment services are provided for those juveniles requiring additional assistance with substance abuse or dependence.

Included in this packet are:

- Response to questions set forth in your December 7 Memo
- Quarterly report detailing the extent of substance abuse (% of total juveniles in custody)
- Recidivism Report (2005)
- Legislative Update (2008)
- IDJC ICSA Budget Report (November 2007)
- Comments on our ICSA participation

If after reading our response you have further questions, we will be happy to answer as needed.

Sincerely,

Larry W. Callicutt  
Director

**5.1** *To have necessary data for managing substance abuse programs, the IDJC will work to ensure the collection and analysis of the following information about their programs:*

1. Individuals served in each type of program and waiting services.
  - a. Individuals Served\*. IDJC publishes annually an aggregate number of juveniles served (see attached Legislative Update for actual numbers). We also make available the number of juveniles served by program type as an ad hoc report to our internal and external stakeholders.
  - b. Waiting Services\*. At different times, there is no room at an IDJC appropriate facility, including substance abuse treatment facilities. In these instances, a juvenile is transferred to a staging facility, usually a county detention center in the same region as the facility the juvenile is to be placed. The 2-year average daily count for juveniles in a staging facility is 16. The year average for the period 2004-2007 for length of time a juvenile is in a staging facility is 14.8 days. On December 19, of the 15 juveniles in staging, 6 were waiting for a substance abuse treatment facility.
2. Individuals not served, or not provided the appropriate type of treatment.
  - a. Individuals not served. By statute, IDJC is not allowed to refuse services to those committed to the Department.
3. Completion, dropout and relapse rates, overall and by provider.
  - a. Completion\*. This data is currently being reported in ICSA budget report, provided monthly to ODP (see attached).
  - b. Dropout\*. This data is currently included in the ICSA budget report, provided monthly to ODP (see attached). Data can be gained by taking the difference between the population and the completion rate.
  - c. Relapse Rate+. While IDJC does not track "relapse", we do track recommitment and recidivism (see attached Recidivism Report 2005) and the ICSA budget report. The recidivism study contains several measures of substance abuse indicators.
4. Average length of stay in each type of program, overall and by provider.
  - a. Average length of stay (LOS)\*. The average LOS is 16.7 months. IDJC publishes annually an aggregate length of stay (see attached Legislative Update). Also available is length of stay by program type which is included as an ad hoc report to our internal and external stakeholders.

**6.3** *The IDJC should continue or begin to take measurable steps to gather, verify, and public relevant information on the effectiveness of substance abuse programs.\*+*

1. For the first time, IDJC will have a study to look at the effectiveness of all facilities. Previous studies were unable to "filter" other facilities which did not allow for comparison. This report is scheduled to be released in mid-2008.
2. In the future, IDJC's reporting capabilities will be greatly enhanced due to our continued partnership with the Idaho Supreme Court. The Court is creating a new software tool in their ISTARs program that will allow for easier review of juveniles released from custody. The expected completion date of this tool is March 2008.

3. Following IDHW's proposed data information system WITS go-live date, IDJC will be working with WITS contractors and ODP to include GAIN information with IJOS.

\* This data is gained from the Idaho Juvenile Offender System (IJOS) as an information source. IJOS is enhanced routinely to provide accurate and timely data across the state and most counties in Idaho.

+ This data is gained from the Idaho Statewide Trial Court Automation Records System (ISTARS).

### **Comments on ICSA**

The Idaho Legislature passed legislation requiring all state agencies to focus on statewide efforts to address substance abuse through an interagency committee, and the Idaho Department of Juvenile Corrections has been an active member. This past year has provided opportunities for Director Callicutt and staff members to coordinate with other agency personnel to address the needs of substance abusing clients throughout the continuum of care. IDJC has provided data and technical support with development of the strategic plan and the RFP for management services. Staff continues to attend subcommittee meetings addressing GAIN implementation, budget and strategic planning.

The future possibilities with ICSA are promising due to the work that has been completed. A common assessment tool will provide the system with information on need for planning and the WITS data system will allow all agencies to determine how to meet the needs of the citizens of Idaho who are experiencing substance use disorders through the continuum of care.

THE STATE OF IDAHO  
SUPREME COURT



RECEIVED  
DEC 21 2007  
PERFORMANCE EVALUATIONS

PATRICIA TOBIAS  
ADMINISTRATIVE DIRECTOR

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December 21, 2007

Hand-Delivered

Rakesh Mohan, Director  
Office of Performance Evaluation  
700 W. State Street, Suite 10  
Boise, Idaho 83720-0055

RE: Follow-Up to OPE Second Review of the December 2005 Report on  
State Substance Abuse Treatment Efforts

Dear Mr. Mohan:

The attached report is in response to your request for a written update on the state substance abuse treatment efforts. Thank you for your continuing interest in Idaho's statewide substance abuse delivery system.

We hope this update provides the information you are seeking. If you have further questions, please do not hesitate to contact us.

Sincerely yours,

A handwritten signature in blue ink, appearing to read "Patricia".

Patricia Tobias  
Administrative Director of the Courts

PT/st

T:\SThroop\Drug Courts\OPE Response Dec20-2007.doc

Attachments

- Response dated December 20, 2007
- Drug Courts and Mental Health Courts 2007

cc w/attachments:

Chief Justice Daniel Eismann  
Corrie Keller  
Norma Jaeger  
Scott Ronan  
Amy Castro  
Sara Stover

**Office of Performance Evaluations  
Second Follow-up Review  
State Substance Abuse Treatment Efforts**

**December 20, 2007**

**Recommendation 5.1**    *“To have necessary data for managing substance abuse programs, the Department of Health and Welfare, the Department of Correction, the Department of Juvenile Corrections, and the Judicial Branch should work individually and collectively with relevant entities to ensure the collection and analysis of the following information about their programs.*

- a.      Individuals served in each type of program and waiting for services**
- b.      Individuals not served, or not provided the appropriate type of treatment**
- c.      Completion, dropout, and relapse rates, overall and by provider**
- d.      Average length of stay in each type of program, overall and by provider”**

The Judicial Branch maintains a wide variety of data, primarily in its Idaho Statewide Trial Courts Automated Records System (ISTARS) which includes general court case management elements, records of all court filings, fees and fines collected and a specific module to provide ongoing case management and evaluation data for drug courts. In addition, the Supreme Court receives a monthly utilization and key indicators data report from each of the 52 approved drug and mental health courts in the state.

Through this monthly report, we track the number of individuals in the court at the beginning of the month, the number of persons screened for the court and the number admitted during the month, providing a total unduplicated number served during each month. Drug courts do not maintain a “waiting list” although the screening process does take some time to complete.

The monthly report also tracks completion (referred to as graduation), dropouts, and other terminations classified as “unsuccessful”.

Through recent upgrades to the ISTARS data system we are now able to analyze the length of stay in each separate drug court, by court type or by aggregation, across all courts. We have piloted this data analysis report with a subset of courts and determined an average length of stay for disposition types. For example adult graduates spent 15.86 months in drug court and juvenile graduates spent 15.36 months while “dropouts” spent 8.59 months for adults and 11.29 months for adolescents. This report function allows us to run a variety of analyses on the length of stay in drug court.

A major collective effort at data collection and analysis is the monthly report provided to the Interagency Committee on Substance Abuse Prevention and Treatment (ICSA). Drug courts report to ICSA monthly, providing data on adult and juvenile drug court utilization and on adult and juvenile drug testing data, including number of tests and percentage of

positive tests. (While not actually a measure of relapse the drug testing data enables us to better understand the incidence of drug or alcohol use in the population.) This data is compiled into a monthly "Snapshot" from the ICSA, combining the judiciary data with data from IDOC, IDJC, and DHW.

**6.3     *"The Department of Health and Welfare, the Department of Correction, the Department of Juvenile Corrections, and Judicial Branch should continue or begin to take measurable steps to gather, verify, and publish relevant information on the effectiveness of substance abuse programs."***

The Judicial Branch has undertaken several efforts to support assessment and publication of information on effectiveness of the drug courts in the State. In early January, as required by the Drug Court and Mental Health Court Act, the Supreme Court will release an annual report providing information on activities, service levels, growth, new developments, as well as accomplishments and outcome data pertaining to Idaho drug and mental health courts for the past fiscal year. This report to the Governor and Legislature provides information aimed at both assuring accountability and broadening understanding among state policymakers.

In early January, the Supreme Court will also release an independent, comprehensive report of the multi-site outcome evaluation of felony drug courts that has been ongoing over the past four years. This report will examine recidivism outcomes, multiple offender-level change indicators, and an analysis of the population served in the state's felony drug courts. The evaluation will look at recidivism over a significant post-completion time frame as well as at frequency and types of new offenses that have occurred. Preliminary findings indicate **these Idaho felony drug courts achieved statistically significant reductions in recidivism** for participating offenders compared to a matched comparison group who received traditional criminal justice system management, including probation and in some cases, prison. The evaluation period covered drug court and comparison cases beginning as early as July 2002 and followed them through June 2006. The chart below shows the relative outcomes for all participants, graduates, non-graduates and the comparison group.

**Adult Felony Outcomes by Number of Individuals and Percentage Rate of Recidivism**

	All Drug Court	Drug Court Graduates	Comparison Group
Overall Population in Study	702	290	691
New Offenses (recidivism)	203 (29.5%)	56 (19%)	237 (37.3%)

Based on the evaluation model established in the independent evaluation, we completed a similar outcome evaluation of four Idaho DUI courts. This study also looked at recidivism outcomes as well as at indicators of types of new offenses, time-to-new offense and retention rates in the DUI courts.

Both of these evaluations have demonstrated statistically **significant reductions in recidivism** for drug and DUI court offenders measured against matched comparison

groups. In addition, both evaluations have resulted in recommendations for strengthening of these court efforts and for institutionalizing ongoing performance measurement and analysis.

Idaho has been asked to participate in a multi-site juvenile drug court outcome evaluation to be conducted by Dr. Edward Latessa and colleagues, through funding awarded by the U.S. Department of Justice. This multi-year evaluation will also give Idaho valuable experience in the design and conduct of evaluations for juvenile drug courts and provide a baseline of outcome data for further use in evaluations.

Idaho has endeavored to utilize evidence-based practices and the best available research to design effective approaches to offender change in the state's drug courts. It is well established that one of the major principles of effective correctional practice is to collect key performance data and evaluate results achieved, particularly with an eye to ongoing improvement of efforts.

Finally, each year, the Judicial Branch conducts a court-by-court team review of operations comparing against the current statewide guidelines and research-based practices. Results of this review are shared with the Statewide Coordinating Committee and with all drug court teams, as well as examined to assist in targeting training to areas of identified need. The review also encourages local accountability and resource development as teams look to their own performance as measured against statewide guidelines and seek to develop local resources to support drug court efforts.

Copies of the Annual Report of Effectiveness, the Multi-Site Felony Outcome Evaluation, the DUI Outcome Study, and the Effectiveness and Evaluation Survey will be available online on the Court's website after the first of the year, or upon request.

## Office of Performance Evaluations Reports Completed 2006–Present

Publication numbers ending with “F” are follow-up reports of previous evaluations. Publication numbers ending with three letters are federal mandate reviews—the letters indicate the legislative committee that requested the report.

<u>Pub. #</u>	<u>Report Title</u>	<u>Date Released</u>
06-01	Management in the Department of Health and Welfare	February 2006
06-02	Idaho Student Information Management System (ISIMS)—Lessons for Future Technology Projects	August 2006
06-01F	Public Works Contractor Licensing Function	August 2006
06-02F	Idaho Child Care Program	August 2006
06-03F	Timeliness and Funding of Air Quality Permitting Programs	August 2006
06-04F	Fiscal Accountability of Pupil Transportation	August 2006
06-05F	School District Administration and Oversight	August 2006
06-06F	Public Education Technology Initiatives	August 2006
06-07F	Higher Education Residency Requirements	August 2006
06-08F	Child Welfare Caseload Management	August 2006
07-01	Use of Average Daily Attendance in Public Education Funding	February 2007
07-02	Virtual School Operations	March 2007
07-03F	Higher Education Residency Requirements	July 2007
07-04F	State Substance Abuse Treatment Efforts	July 2007
07-05F	Idaho School for the Deaf and the Blind	July 2007
07-06F	Public Education Technology Initiatives	July 2007
07-07	Health Insurance Coverage in Idaho: A Profile of the Uninsured and Those with Coverage	July 2007
07-08	Options for Expanding Access to Health Care for the Uninsured	July 2007
07-09F	Child Welfare Caseload Management	December 2007
07-10F	Management in the Department of Health and Welfare	December 2007
07-11F	School District Administration and Oversight	December 2007
07-12	Cataloging Public Health Expenditures in Idaho	December 2007
07-13	Estimating Private Health Expenditures in Idaho	December 2007
07-14	Trends in and Drivers of Health Expenditures in Idaho	December 2007
08-01	Governance of Information Technology and Public Safety Communications	March 2008
08-02F	State Substance Abuse Treatment Efforts	March 2008
08-03F	Virtual School Operations	March 2008

Reports are available on our website at [www.idaho.gov/opec/](http://www.idaho.gov/opec/).  
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